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DATE	NOTES
3/14/05	no injury noted, no toes.
3/16/05	Had a neurology appointment today. Therapeutic, study not done.
3/18/05	Usual gait pattern - high stepping gait, left foot drif. No other abnormalities.
3/21/05	Cold symptoms - atrophic pulse 70 mm Hg
3/21/05	Chills and fever 101° VS and Sputum samples 2131.1 - 3 clams
3/22/05	Abnormal left upper eye lid temporal aspect. Cleared with 1% Baclofen ointment applied. Feet inspected, amyotrophy seen - main eleborated by podiatrist. Per plant bilaterally No other lesions. knee joint inspected bilaterally No swelling or tenderness. Good ROM - external, internal rotation bilateral hips.
3/23/05	Cold symptoms - cough, able to feed active, in usual mental status.
3/27/05	Throat: oropharyngeal redness Lungs: clear to auscult
3/28/05	WBC 11K - viral undated extra fluid
3/29/05	Septic shock - Gout attack history

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	if needed to stay in car because of sedation needed in running train. To schedule EMG study OT to fast provide, halo helmet To utilize wheelchair for transportation PT evaluation for AFO - for foot drop.
04/25/05	Subacute L4 after crutch removed inflammation, swelling subsiding
04/27/05	You by neurologist DR. PANDYA performed mononeurography. Bilateral splint PTA OT EMG not possible in office setting - requires great deal of cooperation with needles that need to be inserted in muscles Possibility is EMG under sedation in hospital setting. - for documentation purposes only Will obtain ANA, dsDNA, ESR.
05/02/05	Zyprexa 5mg Qam - 2am QHS po to minimize, eliminate daytime sedation.
5/4/05	Seen for diarrhea x 3. w/ tym. & otalgia Afebrl. tender, mildly distend abdomen Tympanite p. & K open tube 30cc now, increase p.o fluid x 2 hrs., w/d x 24 hrs. ? gastroenteritis. + follow up.

Form 95 DVP (1-77) <b>New York State Department of Mental Hygiene INTERDISCIPLINARY TREATMENT TEAM NOTES</b>		<b>INSTRUCTIONS</b>
Client's Name (First)	(M.I.)	(Last)
<i>Valeri</i>		<i>Young</i>
Consecutive No.		
DATE	NOTES	
04/15/05	<p>g<sup>th</sup> Consumer fell earlier today, during shower and sustained laceration about 2.5 cm long. Hemostasis achieved. First <del>wound</del> dermis edges approximated with 3-0 Gut 1x3 suture. Then wound closed with 3-0 Nylon x4. Prior to that wound infiltrated with 2% lidocaine.</p> <p>sedation from psychotropic meds ie Zyprexa may have contributed to fall To ✓ Zyprexa by 5mg in am.</p> <p>Nurs eval DR CAPATI oximeter noted.</p> <p>6 foot drop, high steffage Rd.</p> <p>Recommended At-B complex.</p> <p>To refer for PT.</p> <p>Also to consider EMG nerve conduction studies.</p>	
4/17/05	<p>Uns : Interdisc ①</p> <p>11 AM</p> <p>eltie h rm - &amp; Swellings</p> <p>nc Angina</p> <p>8.75 mg bid</p> <p>25 clams</p> <p>loc w/ing m n</p>	
officer	<p>ITT meeting held at Delirium Psychiatry attended. Discussed frequent falls and why to be excluded forward. ✓ Zyprexa to 10mg in am and then</p>	

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05/20/05	Consumer sustained laceration on posterior scalp about 2 inch long. Area irrigated with H <sub>2</sub> O, shaved with infiltrated with Lidocaine 1%. and sutured with 30 gut x 4 Hemostatic advanced Bactroban ointment applied. To give Reflex 500mg Q6h PO x 5 days.
05/26/05	EMG study under sedation scheduled for 06/30/05 1 <sup>st</sup> Domesticate test. (DR MACBRIE)
05/29/05	Bilateral pretibial pitting edema + also bilateral feet pitting edema +. No calf swelling + dorsolateral + femoral. No rash on Haman's test. P+ with pretibial pitting edema problem in the past also, venous insufficiency postural (sitting in wheelchair). To continue with leg elevation.
05/31/05	No new injury marks.
06/01/05	EKG 07/05/05 notch 2 Reversal of arm lead.
6/19/05	Reproductive immaturity to repeat Bx + Response slow to A
8-350mg Celle Blue wing 314	PT was sleeping in the bathroom only was feeble g, BP 110/70
02 Sat 5/1	SIM 17

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Client's Name (First) <i>Verlin</i> (M.I.) <i>Young</i> (Last)		<ul style="list-style-type: none"> <li>Record information below as indicated by the client's behavior, condition or functioning that is felt to be of such significance that the entire treatment team should be informed.</li> <li>Summarize the results of each Interdisciplinary Treatment Team Conference below.</li> <li>For additional information on Treatment Team Reviews refer to Form 80 DVP, "Treatment Team Review."</li> </ul>	
		Consecutive No.	
DATE	NOTES		
5/1/05	<i>All slabs down. Post log 30mg Burolac on hand Selang 1 m/m</i>		
5/11/05	<i>X-ray of LS spine repeat noted. Degenerative changes at L5-S1. Seen by podiatrist Onychomycosis, Tinea Pedis. Nails delaminated Loratadine between toes P/fu 07/13/05</i>		
5/18/05	<i>CBC 3.64 &gt; 11.8 (17g) 142 105 72 Tegretol 72 35.7 14 27 20/09 ANAT negative C3, C4, IgM anti-DNA neg Fr repeat IgM, IgG</i>		
	<i>7</i>		
	<i>7</i>		

Other reverse side for continuation

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Valeri		Young
		Consecutive No.

DATE	NOTES
03/28/08 9 <sup>th</sup>	<p>Consumer reported w/ productive cough - greenish phlegm. Able to laugh not in any distress. Consumed breakfast.</p> <p>BP 116/71 HR 80/m RR 16</p> <p>of conjunctival injection nose &amp; discharge.</p> <p>Throat: inflamed, pharynx</p> <p>medi: soft, lymph nodes enlarged, palpable.</p> <p>Lungs: clear to auscult</p> <p>CVS: pk fm available</p> <p>abdomen: protuberant but soft</p> <p>&amp; guarding</p> <p>extremities: edema, injury marks</p> <p>D/P: VRT, constipation</p> <p>Z-pak Tylenol, extra fluid</p> <p>Temperature pk, Fleet enema</p> <p>neuro eval for L foot drop - drooping.</p> <p style="text-align: center;">7</p>
03/29/08 9 <sup>th</sup>	<p>Aptitude, alert, active</p> <p>VRT resolving To continue care</p>

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08/30/05	Labs 08/23/05			
	CBC	JMA		
5.48	12.5	138	106	78
	37.0	212	4.4	29
				19/0.9
	Cholesterol 143	TSH 1.43		
	Triglyceride 53	Triglyceride 8.0		
1/13/05	HDL 67			
1/13/05	h.b.m. Hanes M	normal		
04/04/05	Seen in eye clinic on 04/01/05. Early cataract.			
	RTC 6 months			
04/05/05	97 Superficial laceration left upper eyelid Cleansed aseptically. Steri strips applied			
04/07/05	09 Rhinocan left upper eyelid. Cleared aseptically.			
04/11/05	Some excess cerumen both ears, discomfort Unoperative for irrigating rest of TM perforation. To give Debrinol otc drops			

(Use reverse side for continuation)

Young 8192